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Appl.cant(s): Lee

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CERTIFICATE OF FACSIMILE TRANSMISSION

Sir:

I hereby certify that the attached Issue Fee Transmittal (1p. 2 copies with an authorization to charge a deposit account), Change of Correspondence Address (1p) are being trans mitted on the date shown below to the MS Issue Fee at the following facsimile number: 703 <u>746 4000</u>.

Respectfully submitted,

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